



Biennial Application for
Registration of Federal
Airman Certificate

FAA Number _____		<input type="checkbox"/> New Registration		<input type="checkbox"/> Renewal	
Last Name _____		Address _____			
First Name _____	MI _____	City _____	State _____		
Birth Date _____	Sex _____	Zip _____	County _____		
e-mail address _____					
Medical No. _____			Phone: _____		

Certificate Information

Type Certificate	Instructor Ratings	Engine Rating
<input type="checkbox"/> ATP – Airline Transport Pilot	<input type="checkbox"/> Instrument	<input type="checkbox"/> SEL
<input type="checkbox"/> COM – Commercial	<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> SES
<input type="checkbox"/> PVT – Private	<input type="checkbox"/> Glider	<input type="checkbox"/> MEL
<input type="checkbox"/> REC – Recreational	<input type="checkbox"/> Airplane	<input type="checkbox"/> MES
<input type="checkbox"/> STU - Student	<input type="checkbox"/> Ultralight	<input type="checkbox"/> SELS
<input type="checkbox"/> UL T - Ultralight	<input type="checkbox"/> Balloon	<input type="checkbox"/> MELS
<input type="checkbox"/> NA- Not Applicable	<input type="checkbox"/> Multi-Engine	<input type="checkbox"/> NA
<input type="checkbox"/> SPR - Sport	<input type="checkbox"/> Not Applicable	

Other Qualifications

<input type="checkbox"/> A - Interstate Commerce	<input type="checkbox"/> D - Hot Air Balloon	<input type="checkbox"/> N - Flight Navigator	<input type="checkbox"/> Y - Rotorcraft/Gyro
<input type="checkbox"/> B - LTA Free Balloon	<input type="checkbox"/> E - Flight Engineer	<input type="checkbox"/> O - Glider	<input type="checkbox"/> Z - Government
<input type="checkbox"/> C - Control Tower Operator	<input type="checkbox"/> I - Instrument	<input type="checkbox"/> X - Rotorcraft/Helicopter	

Exemptions from Registration

<input type="checkbox"/> Fly Only Interstate Commerce	<input type="checkbox"/> Fly Only for the Government
<input type="checkbox"/> Temporarily Ceased Flying	<input type="checkbox"/> Permanently Ceased Flying
<input type="checkbox"/> Currently Not Air Navigating in IL	<input type="checkbox"/> Moved Out-of-State
<input type="checkbox"/> Airman is Deceased	

I hereby certify I hold the above described FAA Airman Certificate and that the same is in full force and effect.

Signature _____ Date _____

1. Complete this application by providing pertinent information from your Federal Airman Certificate. **Print or type** all information. Illegible or incomplete applications will be returned.
2. Make remittance payable to **State Treasurer of Illinois**. The fee is **\$10.00** when paid within the first half of the current biennial registration cycle. Applicants who register within the second half of the current biennial cycle must pay **\$5.00**. You may contact this office if you are unsure of the current cycle.
3. Submit check, post office draft, express telegraph or currency exchange money order with application to the following address:

Illinois Department of Transportation
Division of Aeronautics
1 Langhorne Bond Drive
Springfield, Illinois 62707-8415
(800)-554-0247

The Division of Aeronautics will not accept stamps and assumes no responsibility for the loss of currency sent through the mail.

Operation of an aircraft without proper registration of a Federal Airman Certificate is a Class A misdemeanor punishable by a fine not to exceed \$1,000 and/or up to one year in jail. See 620ILCS 5/42 (1992) IL Compiled **Statutes**.

Place
Postage
Here

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Division of Aeronautics
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